

# Guidelines for Developing Behavioural Change Interventions in the Context of Avian Influenza



**World Health  
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# Guidelines for Developing Behavioural Change Interventions in the Context of Avian Influenza

Health Promotion and Education (HPE)  
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## About the guidelines

These guidelines for developing Behaviour Change Interventions (BCI) related to avian influenza (AI) are intended for all those involved in AI prevention and control at the planning, implementation, evaluation and policy levels. More specifically, the guidelines are intended to be a resource for programme managers and/or facilitators of activities that seek to address the sociocultural and behavioural aspects of AI at the national, provincial, district and community levels, using multisectoral approaches. The guidelines focus on the following three development phases in logical sequence:

(1) Preparation phase

During this phase, information is gathered through a situational analysis, a key activity which establishes predisposing, enabling and reinforcing factors related to basic information, cultural issues, services available, capacity, policies and regulations related to AI. Planning of activities is guided by findings from the situational analysis.

(2) Implementation phase

During this phase, activities planned are implemented through incorporating the relevant BCI elements in an integrated manner;

(3) Research, monitoring and evaluation phase

This phase is intended to generate new information and establish the evidence of the effectiveness of the behavioural change intervention.

In defining the above three phases, the guidelines also provide a comprehensive understanding of the processes that are essential for behavioural change intervention with respect to AI. It seeks to alert and equip those involved in the multisectoral development and management of AI prevention and control activities towards behavioural change to:

- Be mindful of the need for a detailed planning process, which includes a situational analysis in order to determine the predisposing, enabling and reinforcing factors likely to hinder or promote the success of behavioural change interventions;
- Identify and develop consensus on essential elements of BCI that are relevant to the AI situation being addressed, which includes communication, capacity building, partnerships and resource mobilization among others;
- Recognize that while communication processes are the main strategy for AI control and prevention, communication alone has limited impact on

behavioural change, particularly those practices established over a long time such as the coexistence between humans and poultry. In order to reverse or halt negative behaviours associated with AI transmission, there is a need for implementing multifaceted activities that include communication as a pre-requisite for achieving desired results;

- Involve communities, civil society groups and the private sector throughout the process of developing, monitoring and evaluation of behavioural change interventions.

## Preface

These guidelines for Behavioural Change Interventions (BCI) have been developed for health promotion programme managers, facilitators and trainers to build the capacities of health and non-health professionals working with government, nongovernmental organizations, the private sector and community-based groups to promote, enable and support individuals and communities to achieve desired health outcomes through behavioural change interventions. The guidelines have been developed as a tool for halting or reducing the transmission of avian influenza (AI) from poultry to humans. However, the principles and strategies of BCI as described in the document could well be applied within most other prevention and control programmes that are disease specific, population or settings-based.

Several key elements that are essential to effect desired behavioural change are highlighted in the BCI Guidelines. While each situation would dictate which element(s) should be prioritized, it is evident that communication for behavioural change, policy coherence and advocacy (governance issues), capacity building, an understanding of prevailing attitudes and culture and monitoring and evaluation are likely to remain at the core of any BCI seeking to address public health concerns.

These guidelines should help in better planning, implementation, monitoring and evaluation of behavioural change interventions that are likely to yield positive lifestyle changes among individuals, communities and organizations in the South-East Asia Region.



Dr Samlee Plianbangchang, M.D., Dr.P.H.  
Regional Director



The outbreak of avian influenza (AI) in poultry and wild bird populations (H5N1) as well as confirmed human cases in some countries of the South-East Asia Region have alerted public health authorities to initiate urgent interventions to prevent the transmission of AI from poultry to humans.

The past pandemics of AI reported in 1918, 1957 and 1968 which resulted in 43 million human deaths worldwide are a strong reminder to convince governments that history must not be allowed to repeat itself. In addition to loss of human lives, the pandemics resulted in major economic losses globally.

Currently, the threat of an AI pandemic appears high. To date, AI has been detected among poultry in countries of WHO's Western Pacific, South-East Asia, Eastern Mediterranean, Europe and Africa Regions. AI has resulted in human deaths in Indonesia, Thailand, the People's Republic of China and in Viet Nam.

WHO and other partners are making concerted efforts to reduce human exposure to avian flu virus through promoting a set of simple yet valuable measures that will not only improve and enhance biosecurity at critical stages of the food supply chain (production, transportation, marketing and consumption) but will also ensure that the potential transmission of AI virus from animals to humans is considerably reduced<sup>1</sup>. This will also include prevention activities at potential sources of infection, surveillance and use of epidemiological data on outbreaks, as well as provision of pharmaceuticals and personal protective gear.

These are wide ignorance and misconceptions about AI and its potential threat to human life. While there is urgent need for education and communication programmes, it must be appreciated that human behavioural is complex and will not change overnight. Poultry is considered as a part of family's assets, both as a source of income as well as food. It would thus require more than just providing facts and figures and verbal persuasion to convince communities to give up rearing chickens in their backyards.

It is well known that disease outbreaks and other forms of disasters are often accompanied by fear and panic among the general population. Avian influenza appears to cause extreme forms of anxiety because of its high potential to be fatal, with no known cure and with its etiology still not fully understood. Public information and education programmes including the mass media, print, radio and television have

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<sup>1</sup>Manual for improving biosecurity in food supply chain: Focus on live animal markets. WHO/SEARO, 2006.

often been aggressive in reporting new cases and deaths in both humans and poultry and overemphasizing the limited availability of medicines (osel tamivir) and difficulties in breaking the interrelationship between humans and animals particularly poultry in affected countries. Such approaches may, in fact, lead to an opposite effect, by fueling irrational fears and creating immense anxiety among people in countries experiencing outbreaks and even in those where there are no outbreaks.

While health communication remains a critical element of BCI, the mere provision of knowledge is not sufficient if communities lack basic systems that facilitate the adoption of healthy behavioural. BCI thus entails a process of changing conditions, promoting structures and policies that support healthy lifestyles. In the context of avian influenza, BCI is inherently linked to the availability and accessibility of health services, a clean environment and a healthy marketplace, in addition to knowledge gain.

## What are behavioural change interventions?

Behavioural Change Interventions (BCI) is a package of well-defined multiple strategies designed to address human behaviour in complex settings.

BCI strategies are especially relevant in the field of health for promoting and strengthening policies and structures that support healthy lifestyles. BCI must be seen differently from either health education (HE) or communication for behavioural change (CBC).

BCI incorporates CBC and health education concepts within the health promotion framework. BCI goes beyond just educating or communicating with individuals and communities to encompass a range of actions to advocate for and establish interventions that will not only enable but will also reinforce desired behavioural change. BCI bases its strategies on the growing acceptance of the fact that human behaviour is complex and is influenced by a number of interrelated determinants including political, legislation, socioeconomic conditions, cultural diversities, the availability or nonavailability of services and the opportunities to think, learn and take decisions to improve the quality of life.

Health education has been an integral part of most national health programmes over the past several decades. It is based on the premise that only ignorance or lack of information prevents people from adopting healthy behaviour. Health education methods largely consist of providing information and persuasion tactics through a top-down approach. This “trickle down” model has failed to address a crucial issue, specifically, “why do people continue to indulge in harmful practices despite being told and being aware of the harmful effects”? Health education has clearly demonstrated that making information available brings about knowledge gain, which also improves understanding. Ultimately, it is clear that access to information results in knowledge gain and understanding; however, this does not bring about the desired behavior change.

In this context, communications for behaviour change (CBC) evolved to change the paternalistic approach and to make communications a horizontal process in which both senders and receivers of information took on interchangeable roles, through focus group discussions and other methods. Communication changed its focus from “persuasion” to “participatory communication” where information is created and shared between participants to reach a mutual understanding and collective decision-making.

In recognizing that there are no single approaches or strategies that can break the chain of transmission of the avian flu virus from poultry to humans, BCI seeks to

examine and address predisposing, enabling and reinforcing factors associated with behavioural change which also includes, in addition to addressing cultural values and beliefs, government policies and legislations, partnership building, resource mobilization and generating evidence of the effectiveness of BCI through research, monitoring and evaluation among others.

Communication for behavioural change stands high on the list of BCI strategies. However, it is also recognized that communication cannot be a stand-alone intervention when addressing a public health concern such as reducing transmission of avian influenza from poultry to humans because of the strong sociocultural influences of the behaviours being targeted. For instance, families and communities in South-East Asia have kept poultry (chickens, ducks and birds) from time immemorial, as part of household assets or for commercial purposes. This long historical interrelationship between humans and poultry (including migratory birds) cannot be ignored when developing measures to halt or eliminate the spread of AI.

Communication for behavioural change activities therefore needs to be reinforced by other BCI elements including healthy policy, creating an enabling environment, providing easy access to health services, imparting skills, capacity building, social and community mobilization and partnerships. Advocacy plays an important role in BCI to influence policy and decision-makers and initiate social action to create a supportive environment for BCI, as, for example, in ensuring political commitment and stakeholder participation in developing healthy food markets.

BCI also encourages dialogue and exchange of views among concerned parties within the framework of a functional partnership, involving those with interests in human health and economic benefits from poultry. Ultimately, BCI aims to support programme managers to identify and address factors likely to promote or hinder behavioural change such as culture, historical continuity, language, gender, governance and capacity building, as well as to offer practical solutions addressing specific needs of intended beneficiaries, including fears or concerns.

## Development and management of behavioural change interventions

The development and management of BCI is in three distinct but interrelated phases: preparation, implementation and monitoring and evaluation.

Programme planners and managers can decide whether to implement BCI as a pilot, demonstration or institutionalized project.

### Phase 1: BCI Preparation

#### Conducting BCI situation analysis

Scientific inquiry is considered the most reliable of all the methods of conducting a situational analysis<sup>2</sup>. This will include information on national policies and organizational structures, and available epidemiological and behavioural data. The information derived from a situational analysis is a valuable tool for planning programmes and policy decision-making.

A situation analysis for developing BCI helps to:

- Determine what policies, legislation and regulations exist in the country to support behavioural change and what is needed;
- Identify community assets that exist and those that do not exist to promote BCI, including political will and leadership, expertise, infrastructure and human and financial resources;
- Establish what information, skills and other prerequisites the public possesses vis-à-vis the gaps that have to be filled, for desired behavioural outcome towards AI prevention and control.
  - Baseline AI related knowledge, perceptions, attitude, behaviour, cultural beliefs or community felt needs for AI prevention;
  - communication channels available to reach target groups;
  - source credibility and barriers for people seeking AI information; and
  - behaviours targeted for change.
- Determine factors likely to enable, reinforce or hinder BCI for AI prevention and control, e.g. :

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<sup>2</sup>Amienyi, O.P. Communicating national integration: Empowering development in African countries, Ashgate, 2005.

- Political commitment and leadership;
- social mobilization and advocacy;
- cultural values and beliefs;
- partnership, alliances and networks for BCI implementation;
- resource mobilization;
- gathering evidence on the effectiveness of BCI through research;
- monitoring and evaluation;
- any other factors likely to promote or hinder behavioural change for AI prevention and control.

The situation analysis should be conducted by a multidisciplinary team with expertise in both qualitative and quantitative research methodologies.

### Establishing BCI goal and objectives

*A “goal” is a broad intent of the desired outcome.*

The goal of BCI is to reduce transmission of AI to humans in any setting.

*“Objectives” are clear and specifically stated desired outcomes.*

A statement of objectives must be “SMART”, namely :

- **Specific** — for the target audience in the context of their knowledge, skills, attitudes, behaviour, beliefs and perceptions, among others.
- **Measurable** — for assessing behavioural impact.
- **Achievable** — attainable under the conditions set.
- **Relevant** — be related to or contribute to the activity.
- **Time-bound** — with results expected within a given time.

Specific BCI objectives for the prevention and control of AI are to build national capabilities to:

- Advocate for policies, legislation and regulation that help to create an enabling environment to prevent and control AI;
- disseminate appropriate age, gender and culture-specific AI prevention and control information to target populations;
- facilitate communication among individuals and communities in order to verbally and non-verbally express opinions, desires and fears related to AI;
- promote and facilitate positive health-seeking behaviours including early diagnosis, compliance with medical advice including treatment and any other health recommendations if AI infection is suspected;

- promote participation of all sectors in AI prevention and control activities;
- integrate BCI activities in pre-pandemic preparedness plans across sectors at all administrative levels – national, provincial and district;
- plan, implement, monitor and evaluate integrated behavioural change interventions using various players including communities, civil society groups, the private sector and all other relevant government ministries in addition to health;
- establish a monitoring system that includes formal and informal mechanisms to receive ongoing feedback from communities on the appropriateness of the BCI strategies being adopted and its effectiveness; and
- utilize findings from BCI evaluation and research in making programme and policy changes.

## Identifying settings and target audience

The settings approach demands that individuals not be treated in isolation from the larger social units in which they live, work and play<sup>3</sup>. In order to reduce exposure of humans to avian flu, BCI should target individuals working in settings that put them in direct contact with poultry or birds, namely poultry farmers, cullers, poultry traders and market attendants. There is also a need to target men, women and children who are not in regular direct contact with poultry but could be exposed because of visits to the poultry market or recreation parks. Ultimately, the likelihood that one could be in contact with birds or poultry, qualifies that individual to be a target for risk communication. Schools provide ideal locations for implementing BCI, not only among students but also among teachers and parents.

In general, the settings or localities for targeting BCI to reduce human exposure to avian flu should include, but are not limited to:

- Poultry farms (large, small and backyard)
- Wet markets/Poultry markets
- Poultry meat processing factories
- Slaughterhouses
- Schools
- Workplaces
- Households and communities (including chicken fights as a cultural recreation)

<sup>3</sup>Poland et al. *Setting for Health promotion: Theory and practice*. Sage Publications, 2000.

## Establishing BCI stimulus

Communication is a major element of BCI. However, it needs to be implemented as an integrated strategy and not as a stand-alone intervention. In establishing communication for behavioural change, the stimulus or source of communication is considered as a critical element for achieving the desired change. In other words, to gain acceptance and ownership, establishing the credibility of the source of communication is essential.

A further stimulus is the recognition that behavioural change interventions must move away from the traditional top-down, one-way processes where the problem, goal, objectives and solutions are conceptualized by people outside the target community or social system without involving communities that are the intended beneficiaries.

Community members must become part of decision-making to make BCI more effective. It is well known that early adopters can be effective change agents apart from becoming a very credible source of information.

Communication for behavioural change to reduce transmission of avian influenza from poultry to humans in various settings should therefore preferably use health and non-health professionals only as facilitators or catalysts, and allow the individuals, families and communities being targeted to provide input throughout the process including identification of content, channels, timing and language, among other activities. This is referred to as the “grassroots” approach<sup>2</sup>.

## Conducting Audience Analysis

Once the objectives of BCI have been identified, there is the need to study epidemiological data, and map and analyse the target audience in relation to:

- Who is the target group – age, gender, economic status, location, education, occupation, language, preferred channels of communication etc.;
- what does the target audience already know about avian influenza transmission, prevention and control;
- what are the current sociocultural and behavioural characteristics of the target group as related to AI;
- whose behaviour needs to change to bring about desired health or social outcome;
- what are the predisposing, enabling and reinforcing factors likely to promote or hinder achievement of desired behavioural change outcomes; and

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<sup>2</sup>Amienyi, O.P. Communicating national integration: Empowering development in African countries, Ashgate Publishing, 2005.

- what reinforcing factors (policy, structure, political commitment, legislations etc.) are needed by the affected and service providers to bring about desired results.

## Conducting communication diagnosis

BCI revolves around communication to achieve desired behavioural change. It must be recognized that communities are not necessarily harmonious and therefore it is essential that appropriate assessment is made on each community or group before identifying the most appropriate messages and channels of communication.

Communication messages, viewed as information, are usually conveyed through interpersonal channels and the mass media. Interpersonal communication which includes group media is intended to reach a specific group with a particular message. The medium used includes but is not limited to discussions, videos, films, drama, song or games. Group media promotes face-to-face interpersonal communication with small groups. As opposed to this, the mass media channel is aimed at reaching large population groups in different places rapidly. This medium uses television, radio, posters and billboards among others. As a prerequisite for success, the strengths and limitations of each medium of communication should be established by the programme planner or facilitator in order to utilize the approach likely to deliver the desired results for behavioural change.

## Phase 2: Implementation of BCI

**Implementation of BCI includes the following seven elements:**

### Element 1. Communication for behaviour change (CBC)

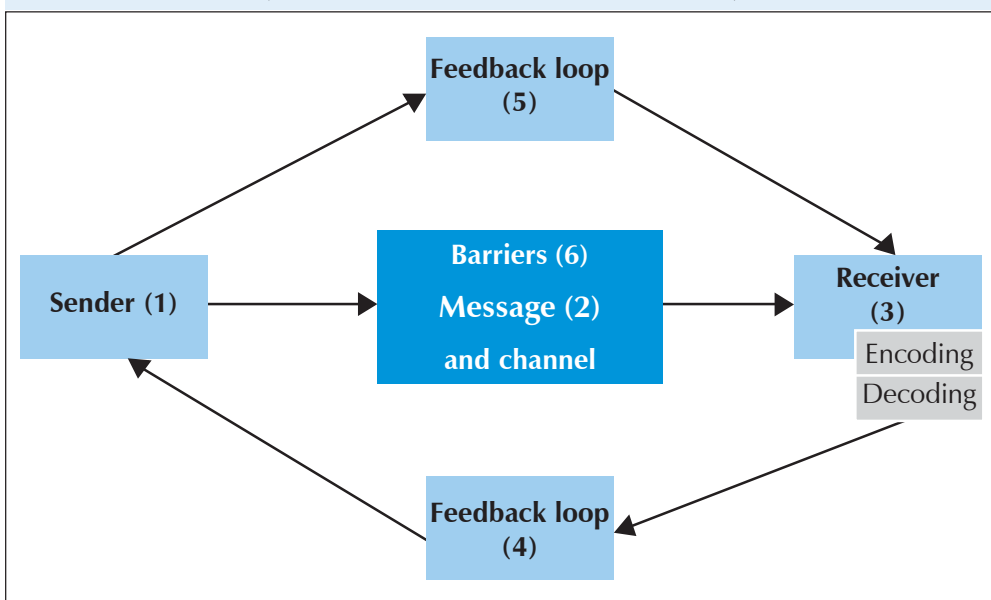
Communication for behaviour change is a critical element for the success of behavioural change interventions.

What you need to know about communications:

- Communication takes place all the time;
- communication is a vehicle for behavioural change through information dissemination, attitude and skill-building using appropriate communication channels;
- communication is a two-way process involving the transmission of ideas, feelings and attitudes between sender and receiver, both verbally and nonverbally;
- feedback is essential for effective communication. This helps to improve and refine the communication process.

*The challenge about information-seeking behaviour is that often the information you have is what you do not need; and what you need, you do not have. The challenge is getting what you need, when you need it.*

**Figure 1: Basic communication style**  
(Verbal and Nonverbal Communication)



The communication loop in Figure 1 encompasses the following:

- Who (sender)
- What (message)
- How (channel)
- To whom (receiver)
- With what effect (response)

“**Sender**” is the source of communication.

“**Encoding**” is the process of putting thought into symbolic form.

“**Message**” is the set of symbols that the sender transmits.

“**Channel**” refers to how the message moves (interpersonal, mass media etc).

“**Receiver**” also called the audience, is the party that messages are addressed to.

“**Decoding**” is the process by which the receiver assigns meanings to the symbols transmitted by the sender.

**“Feedback”** is part of the receiver’s response that the receiver communicates back to the sender.

### Barriers to communication

Barriers to communication can operate at various levels—sender, receiver, message and channel levels. For example,

At sender level:

- Flawed audience and communication analysis;
- ignorance regarding receiver’s prevailing knowledge, attitudes and practices;
- lack of clear communication objectives;
- top-down communication planning that does not invite community inputs and audience participation;
- disregard for social norms including language and culture;
- lack of clear communication objectives;
- insensitivity to feedback.

At receiver level:

- Distrust of source;
- selective perceptions or misperceptions.

At message and channel levels:

- Lack of clarity and reason;
- distracting noises;
- distortion of messages;
- prohibitive cost of mass media.

At organizational level:

- Lack of institutional support, including financial, policy and/or strategy related to BCI;
- lack of trained personnel;
- absence of process, outcome or impact assessment.

### Facilitating desired behavioural change through communication

For communication to facilitate desired behavioural change, specific requisites should be considered as stated below:

- The intended beneficiaries should regard the source of information as being credible.

- The sender should be willing to communicate and enjoy the trust of the receiver.
- The sender should be a good listener, be non-judgmental, be aware of the prevailing attitudes and culture related to AI and value the feedback received.
- The sender should communicate solutions only after a problem or question has been raised.
- Messages should be delivered in a manner deemed appropriate in terms of content, language, timing, medium and setting. They must be clear, non-conflicting, accurate and sensitive to gender and prevailing culture.
- Messages may need to be prioritized especially when high-risk populations are being addressed. For instance, CBC will be important in AI-affected areas to inform the general public including children to keep away from chickens, ducks and other birds (even as pets), their wastes or feathers; to keep themselves clean by washing with soap and water whenever they have touched poultry or poultry faeces and to seek prompt medical attention if ill. Professional cullers on the other hand will, in addition, need to use protective gear, to properly dispose of diseased bird carcasses and faeces and keep themselves and their work environment scrupulously clean.
- Appropriate messages also need to be addressed to the general public and local health authorities.
- The contextual environment in which communication takes place should support behavioural change. In that regard, BCI requires policies, legislation, advocacy, partnership, resources and capacity building, among other steps, in order to reinforce communication for behavioural change activities.
- Channels selected to convey messages, whether mass media or interpersonal, should be appropriate for the intended audience.
- Research, monitoring and evaluation, not only regarding the effectiveness of communication but the overall BCI, is essential in order to effectively influence behavioural change and policy decision-making.
- Finally, transparency and accountability should be assured throughout the process of communication.

### **Channels of communication**

The two major channels of communication are interpersonal communication (group media) and mass media. The interpersonal channel is a powerful channel to establish personal relationships and group consciousness when communicating with individuals and groups in various settings. It is crucial in helping people to make decisions and comply with intervention activities. Group media facilitates groups, especially the marginalized, to speak to one another and articulate their thoughts and feelings.

Mass media channels are impersonal but reach out to wider audiences. It is often the main source of information on health concerns and could be a powerful inducer of change if used judiciously without sensationalizing issues or creating alarm and panic. The impact of the mass media is greatly enhanced when it is combined with interpersonal approaches.

In recent times, the entertainment media (infotainment), which combines education with entertainment, is also beginning to find a prominent place in health communications. For example, songs, drama and street plays related to health issues do more than just entertain the audiences. They provide opportunities to reflect on the issues and to identify common problems and solutions.

Table 1 presents the strengths and limitations of the various channels used in health communication.

**Table 1:** *Communication channels: Strengths and limitations*

Type	Channel	Strength	Limitation
<b>Interpersonal group media</b>	• Various forms of face-to-face discussions	<ul style="list-style-type: none"> <li>• Interpersonal</li> <li>• Allows feedback</li> <li>• Messages are target-specific</li> <li>• Facilitators have control</li> <li>• Can be used repeatedly</li> <li>• Requires less technology</li> <li>• Simple to monitor and evaluate</li> </ul>	<ul style="list-style-type: none"> <li>• Limited reach</li> <li>• Requires expertise</li> </ul>
	• Public meetings and lectures		
	• Drama/Theatre		
	• Street plays		
	• Role plays		
	• Song and dance		
	• Pamphlets		
	• Book markers		
	• Community radio		
	• Guidelines		
	• Posters		
	• Text books (school curriculum)		
• Video/DVD/CD			
• Demonstrations			
Type	Channel	Strength (Select)	Limitation (Select)
<b>Mass media</b>	• Radio	<ul style="list-style-type: none"> <li>• Wider reach of audiences</li> <li>• Requires less human resources</li> <li>• Easy to access</li> </ul>	<ul style="list-style-type: none"> <li>• No clear audience</li> <li>• No feedback</li> <li>• Gender, age and education bias</li> <li>• Lack of appeal</li> <li>• High costs</li> <li>• Difficult to monitor and evaluate</li> </ul>
	• Television		
	• Newspapers		
	• Posters		
	• Banners		
	• Billboards		
	• Internet		
	• Mobile Phones		
	• Video/DVD/CD		
• Press Releases			

## Making communication effective: What you can do

- (1) Establish trust and credibility as a communicator.
- (2) Demonstrate willingness to communicate.
- (3) Use information from the audience analysis study to decide on what messages to convey, the preferred language, presentation format and the communication channels to be used.
- (4) Be inclusive – build a functional partnership with all concerned parties.
- (5) Ensure the participation of intended beneficiaries throughout the process of developing risk communication, including designing content, choosing the medium and monitoring feedback.
- (6) Sit down with the affected community and engage them in a dialogue. Listen carefully to their concerns and fears. Respond to these openly and honestly without exaggerating the negative (or positive) impact of avian flu. Sitting and listening is a sign of empathy for those affected.
- (7) Respect cultural values, beliefs and attitudes, particularly those associated with health and disease, by addressing the negative values and beliefs in a sensitive manner and reinforcing the positive ones.
- (8) In conveying messages avoid ambiguity and always use multiple channels for communicating. By using only a single channel, you will lose the effectiveness and power that the synergies of multiple media can produce.
- (9) Avoid inducing undue anxiety or fear. Present facts as they are known to date and avoid sounding like a salesperson or alarmist, regardless of how deadly avian flu is thought to be.
- (10) If the target group is poultry farmers, establish if there is a historical link with avian flu and how it had been managed in the past. The avian flu of 1957 and 1968 could provide some leads regarding how communities responded.
- (11) In the case of grieving poultry farmers following losses through culling, acknowledge losses but do not promise compensation until it has been sanctioned and communicated in writing.
- (12) Recommend protective measures such as the use of disinfectants and protective clothing and provide details on where they could be accessed.
- (13) Always follow set guidelines for using protective gear against possible exposure to avian influenza. Avoid use of protective gear when visiting wet markets or poultry farms where deaths in poultry or avian influenza outbreak among poultry has not been reported as this is likely to increase fear among the locals. Overprotection by outsiders could create mistrust between intended beneficiaries and service providers. In the event of visiting

areas known to be high risk, always make certain the local people who are accompanying you during the tour are also adequately protected.

- (14) Give authoritative guidance regarding early diagnosis and medical care in the event of the appearance of avian flu signs and symptoms.
- (15) Advocate widely to ensure that risk communication to reduce human exposure from avian flu is integrated into the government policy on disease pandemics.
- (16) Those responsible for coordinating and managing behaviour change intervention activities at community level should guarantee that beneficiaries have a right to be heard and to have access to information and protective devices.

#### **Word of caution:**

- Communication is not a solution for every human need or desire including behavioural change.
- Simply giving information does not guarantee behavioural change, irrespective of the source or accuracy of the information.
- All acts of information dissemination must be supported by other complementary actions such as community empowerment, policies and participation of various players including communities, civil society groups and the private sector among others. For instance, if the cause of the problem or its contributing factor as revealed by the situation analysis is political, economic, cultural or any other, there is a need to find solutions related to the identifiable causes.
- What has been communicated cannot be recalled easily. Hence, there is a need to plan carefully on what is to be communicated.
- Interventions do not conclude when public information campaigns end. Sustainability of the programme must be ensured.

## **Element 2. Governance: Policy coherence and political commitment**

BCI requires the support and commitment of all concerned parties, specifically the different government ministries that are involved in AI control and prevention. These ministries include agriculture, animal husbandry, health, information and trade. The political commitment should be in the form of putting in place policies, legislation and regulations and providing financial and technical resources that support, promote and protect communities from contracting AI, as well as enforcement. It is essential to assess to what extent media policies, laws and regulations in a particular country could prohibit or promote free dissemination of information.

*At the South-East Asia Regional Conference of the Ministries of Health, Agriculture and Livestock held in New Delhi in July 2006, the joint Ministerial statement to combat avian influenza articulated a commitment to “improve risk communication in raising public awareness and empowering communities to take positive action on prevention and control of avian influenza taking into account relevant socio-behavioural, cultural, and economic factors”*

### **Element 3. Planning and implementation**

Good planning that recognizes the need to be sensitive to gender, age and to social, political and economic factors is the first step for the successful implementation of BCI.

When planning, care must also be taken to recognize that culture plays a significant role in determining ways of thinking, believing, and behaving, which may lead to both positive and negative health behaviours<sup>4</sup>. If BCI is to have a positive impact on the target population to relinquish the negative practices associated with AI transmission, cultural values and beliefs related to the co-existence of humans and poultry need to be fully assessed and understood by AI programme managers. In other words, culture could either impede or promote the implementation of an effective BCI intervention. However, no single approach or strategy can break the transmission chain.

### **Element 4. Capacity building**

BCI requires concerted efforts in building national capability to plan, implement and manage activities associated with AI prevention and control. Training in BCI strategy and techniques should be made available to both health and non-health professionals as well as community leaders and civil society groups working on AI prevention and control at national, provincial (state) and district levels.

### **Element 5. Social and community mobilization**

Social and Community Mobilization as a process of bringing together various stakeholders including communities to identify and to decide on the action to be taken is a critical element of BCI. In the context of AI, it is aimed to raise people’s awareness about the disease, demand AI-related services and assist in its delivery for sustainability and self reliance.

### **Element 6. Partnerships, alliances and networks**

Participation of various players including communities, civil society groups, the private sector, media and development partners including WHO and other UN agencies is a

<sup>4</sup>Airhihenbuwa, C.O. Health and culture: Beyond the western paradigm. Sage Publications, 1955.

prerequisite for successful implementation of BCI. The role of partnership is to bring in additional technical and financial resources and increase social responsibility among partners and acceptance by communities.

## **Element 7. Resource mobilization**

BCI requires human, financial and infrastructural resources in order to execute activities successfully. In order to mobilize resources, all activities related with BCI need to be properly planned, monitored and evaluated. In addition to requesting the government to allocate a substantial budget to fight AI, a private–public sector partnership is encouraged to raise financial and technical support. Ultimately, accountability of all resources allocated to AI prevention and control should be an integral part of programme monitoring and evaluation.

## **Phase 3: Monitoring, evaluation and research**

### **Monitoring**

“Monitoring” is the systematic tracking of the progress of activities that are implemented to ensure that the stated objectives of BCI are met.

Monitoring should form an integral part of all BCI activities to ensure that the programme is on track and that deadlines are met. Monitoring also helps in identifying bottlenecks to allow for corrective action.

Designing appropriate monitoring indicators and establishing a system of feedback should be developed at the planning stage of BCI activities. Most monitoring activities are carried out through examination of records and reports, supervisory visits and interviews. Workers could also provide important feedback about the progress of the intervention through regular face-to-face contact with the beneficiaries.

### **Evaluation**

“Evaluation” assesses whether the programme has met its set objectives, its outcome and impact. Evaluation is fundamental not merely to influence programme and policy direction related to AI prevention and control but also to help all those involved in implementing BCI, including target communities, to assess the outcome of the programme. Just as in monitoring, appropriate evaluation indicators need to be developed to measure each of the BCI elements for outcome and impact. The minimum acceptable indicator for behavioural change is reported knowledge gain. While evaluation would involve both internal and external experts, communities should also be encouraged to participate in the process. This would provide them with both skills and a sense of ownership.

A well-planned evaluation activity involves formative, process, outcome and impact evaluation that would incorporate all of the BCI elements.

The following example relates to the evaluation of the CBC element of BCI.

Formative: To be conducted before and/or during BCI implementation to assess

- What people think about avian flu interventions
- What messages work(ed) with what audience
- Which of the communication media were found effective

Process: To assess what was accomplished

- Number of people, including children, reached both in high-risk and low- risk situations
- Number of materials produced, trainings conducted, meetings held, etc.
- Number of advocacy actions – using group and mass media techniques

Outcome: to examine the effect of BCI activities on knowledge, attitudes, beliefs and Values and changes in behaviour, policies, infrastructure and strategies, to determine

- Any measurable change in perceptions, knowledge, beliefs, attitudes and behaviours associated with AI prevention and control as a result of BCI activities
- Changes in health practices related to BCI

Impact: Measures long-term effects of BCI at community levels. The main purpose of impact evaluation is to measure the long-term effects of BCI on AI prevention and control. Principally, the expected long-term effect is to achieve desired behavioural changes. Nevertheless, human health behaviours are determined by a variety of causes including social, cultural, psychological, economic, environmental and geographical factors. Since these changes occur over a long time, it becomes difficult to attribute all changes to a specific intervention. The impact evaluation results should be compared against the stated goal of BCI and should be conducted by qualified individuals with expertise drawn from stakeholders, target groups and external consultants.

In summary, impact evaluation seeks to determine whether changes in attitudes and beliefs produced desired behavioural change and if there were any policy changes resulting from the intervention.

## Research

Research plays a vital role in influencing policy, intervention strategies, service delivery, communication and advocacy. In the context of BCI for prevention and control of AI, both qualitative and quantitative research methods should be used with a strong focus on behavioural research and priorities set through a participatory process, mobilizing all those involved in effecting behavioural change. Research objectives must be clearly defined and realistically set and high standards maintained to ensure reliable findings.

Sociocultural and behavioural theories and models that attempt to explain human behaviour related to risk-taking, information-seeking, acquisition and utilization, should be applied to fully understand AI transmission and prevention.

Finally, research findings must be disseminated widely and promptly to all stakeholders and the follow-up actions that may be needed carried out without delay.

Human behaviour is influenced by multiple factors acquired over a long period of time and hence cannot be changed overnight. Access to information alone does not guarantee behavioural change. This is illustrated by the following analysis which states that, “hearing is not knowing; and knowing is not understanding; and understanding is not doing or acting”. Thus, for BCI in AI control and prevention to yield the desired results, BCI activities should be implemented in all its phases using an intersectoral approach which encourages the participation of other players including communities and civil society groups as well as beneficiaries. There should be policies, legislation and regulations in place in order to create an environment conducive to AI prevention and control.

Concerted efforts are required to:

- (1) Plan AI prevention and control programmes that have clear objectives and implementation strategies that includes BCI.
- (2) Build capacities at country level for intersectoral planning, implementation and evaluation of all AI prevention and control activities, using both quantitative and qualitative approaches. The findings should be used to improve behavioural change interventions not only for AI prevention and control but also for other health programmes that seek to address related risk behaviours, preventive behaviours, illness behaviours and compliant behaviours associated with cultural values, perceptions, belief, and attitudes;

Reinforce desired behavioural changes through continued behavioural change interventions, namely, capacity building, policy implementation and enforcement, resource mobilization and participation of various players including government, nongovernmental organizations, civil society groups and the target population.

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## Guidelines for Behavioural Change in the Context of Avian Influenza

As reported cases of avian influenza (AI) among humans continue to rise, the threat to human health becomes increasingly real, leading to greater public concern. It is evident that public awareness initiatives alone are not producing the desired results. To influence behavior change effectively, the interrelations between poultry and humans that have been established over a long period needs to be acknowledged. AI prevention and control efforts should therefore be mindful of the social, cultural and behavioural factors that are likely to hinder or promote prevention efforts at the community level. The guidelines identify strategic actions and tools required to address predisposing, enabling and reinforcing factors related behavioural change. The actions required to facilitate behavioural change at national and community levels include situational analysis on social and behavioural aspects, communication for behavior change, policy coherence and monitoring and evaluation. The guidelines emphasize collective intersectoral action through public-private partnerships, the involvement of all government sectors and civil society, individuals and communities. Ultimately, the success of BCI depends on the implementation of multifaceted actions at multiple levels by various players and with the community as a major player.



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